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PATIENT INFORMATION

Squamous cell carcinoma

Surgical excision and reconstruction

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The Ü Clinic
Sevenoaks & Oxted

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This booklet explains surgery for squamous cell carcinoma (SCC) and how to look after your wound.

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01 Why you have this booklet

You've been given this booklet because you have, or may have, a squamous cell carcinoma (SCC) and have talked to Mr Kumar about removing it.

It explains the surgery, what to expect, and the risks and recovery.

It won't answer every question, and it isn't a substitute for talking things through with Mr Kumar, so please note down anything you want to ask and bring it to your next appointment. There is space for your questions at the back.

02 What the treatment is

Cutaneous squamous cell carcinoma is the second most common skin cancer. It is more likely than a BCC to spread, so prompt removal offers the best chance of cure. Most are cured by surgery.

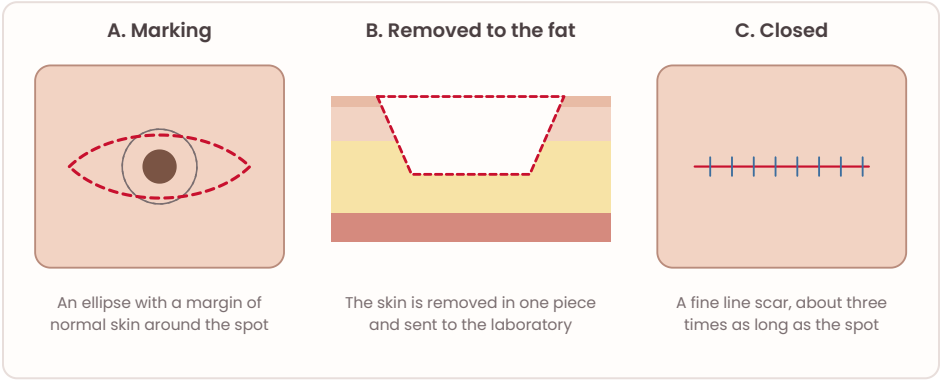


Figure 1. Surgical excision of a skin cancer, with a margin of normal skin. A simplified drawing for guidance only.

The SCC is removed with a margin of healthy skin, usually 4–6 mm or more depending on its size and features. If there is enough loose skin, the wound is closed directly; otherwise a local flap or skin graft is used.

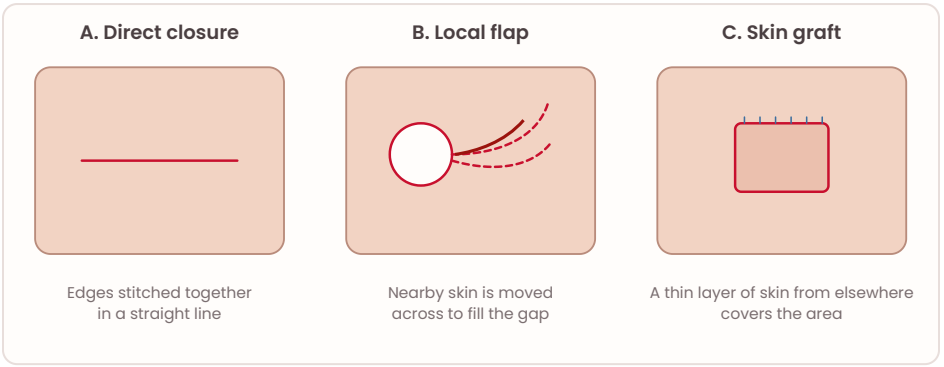


Figure 2. Ways of closing the wound. A simplified drawing for guidance only.

Your case may be discussed at the skin cancer multidisciplinary team (MDT), which Mr Kumar leads, to plan any further treatment.

03 Before you decide

Please tell Mr Kumar if you have, or have had

- you take blood thinners or have a bleeding disorder
- a pacemaker or defibrillator (some equipment used to stop bleeding can affect it)
- allergies to local anaesthetic, plasters, latex or antibiotics
- a tendency to keloid or thickened scars
- diabetes or a weakened immune system, which can slow healing
- you smoke

04 Other options

You don't have to have this procedure. Depending on what bothers you, the alternatives include:

- radiotherapy, in some situations
- Mohs surgery for some SCCs on the face

05 Getting ready

There is usually no special preparation for a procedure under local anaesthetic. Please:

- **tell us about any blood thinners** such as warfarin, apixaban, rivaroxaban, clopidogrel or aspirin. Don't stop them without advice; most minor skin surgery can go ahead while you take them.
- **eat and drink normally** beforehand
- **wear loose, comfortable clothing** that is easy to remove from the area
- **arrange a lift home** if the procedure is on your face, near your eyes, or on a leg or hand you need for driving

06 Anaesthetic and where it happens

This is usually done under local anaesthetic, so you are awake and the area is numb. You go home straight afterwards.

07 The procedure

Most SCCs are removed under local anaesthetic in 30–90 minutes. Larger ones may need a general anaesthetic.

08 Recovery

- **Keep the dressing clean and dry** for 48 hours, then you can usually shower and gently pat the area dry.
- **Avoid stretching the area,** heavy lifting or strenuous exercise until the stitches are out.
- **Stitches are usually removed after 5–7 days on the face,** 10–14 days on the body, and longer on the back or legs. Dissolving stitches need no removal.
- **Protect the scar from the sun** for at least a year, and massage it with a plain moisturiser once healed.

09 Risks and complications

Most people recover without any serious problems. But like any procedure it carries risks, and you should understand them before you decide. Where reliable published figures exist, we've given an approximate, rounded figure. Where they don't, we've used these standard terms:

COMMON	UNCOMMON	RARE	VERY RARE
more than 1 in 100	1 in 100 to 1 in 1,000	1 in 1,000 to 1 in 10,000	fewer than 1 in 10,000

Your own risk may be higher or lower depending on your health, whether you smoke, and the details of your procedure. Mr Kumar will talk through what applies to you.

What almost everyone experiences

These aren't really complications. They're a normal part of healing.

- Mild soreness for a few days, helped by paracetamol.
- Some bruising and swelling.
- A scar, which is pink at first and fades over 12–18 months.

Other complications

- **Infection** UNCOMMON
  Redness, swelling or discharge from the wound. Usually treated with antibiotics. It is more common on the legs.
- **Bleeding** UNCOMMON
  Oozing can usually be stopped with 10–20 minutes of firm pressure.
- **Wound opening** UNCOMMON
  More likely on the back, shoulders and legs. It usually heals with dressings.
- **Thickened or keloid scar** UNCOMMON
  More likely on the chest, shoulders and back, and in people prone to keloids. It can be treated with steroid injections or silicone.
- **Numbness around the scar** COMMON
  Usually improves over months.
- **Incomplete removal** UNCOMMON
  A further procedure may be advised.

- **Recurrence or spread** UNCOMMON
  Most SCCs are cured, but a small number come back or spread to lymph nodes, so follow-up is important.
- **Flap or graft problems** UNCOMMON

Complications of the anaesthetic

Local anaesthetic is very safe. It stings briefly as it goes in. Rarely it causes light-headedness, and very rarely an allergic reaction. If you have a general anaesthetic or sedation, your anaesthetist will discuss the risks with you separately.

10 Further treatment

Mr Kumar will arrange follow-up to check the area and your lymph nodes, and to look for new skin cancers.

11 Photographs and records

Photographs are taken before and after your procedure and kept in your medical records. They help Mr Kumar plan your treatment, record how things looked beforehand and follow your progress. This is standard good practice. If we ever want to use your photographs for teaching, publication or marketing, we will ask you separately and specifically, and saying no won't affect your care in any way.

12 Costs and insurance

If you are insured, please check your cover with your insurer before your procedure. Insurers need Mr Kumar's full name, **Siva Kumar Veeramani**, and his GMC number, **6114710**. If you are paying for yourself, you'll receive a written quote first. Self-pay consultations cost £250 and follow-ups £150.

13 Your decision

This is your decision and you have the right to:

- take as long as you need to decide, and bring someone with you to appointments
- say no to treatment, or withdraw your consent at any stage, without having to explain why and without it affecting any other care you receive
- ask for a second opinion from another surgeon.

14 Your personal information

Your personal and medical information is kept securely and used in line with UK data protection law (the UK GDPR and the Data Protection Act 2018). It's only shared with the people directly involved in your care, or where the law requires it, unless you give your consent for anything else.

15 Who to contact, and when to get help urgently

If you have any questions or worries, please contact the clinic during opening hours on **020 3026 9695** or **info@theuclinic.com**.

Contact us promptly if you have

- redness that is spreading, warmth, discharge from the wound, or a temperature
- bleeding that doesn't stop with 20 minutes of firm pressure
- the wound opening up
- pain that is getting worse rather than better

Out of hours, your emergency contact number will be given by the treating hospital or clinic.

16 What happens next

Before your procedure, Mr Kumar will go through this information with you again and take your written consent. If anything in this booklet has raised a question, or if anything changes with your health, your weight or your medication before then, please let us know.

My questions

Note down anything you want to ask Mr Kumar and bring it to your next appointment.

Notes

Notes

Questions or worries?

Please contact the clinic during opening hours. Out of hours, your emergency contact number will be given by the treating hospital. In an emergency, call 999.

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